

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/585505

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		2				
4		2				
5		2				
6		①				
7		①				
8		②				
9		①				
10		①				
11		①				
12		①				
13		①				
14		①				
15		①				
16		①				
17		①				
18		①				
19		①				
20	1					
21						
22						
23						
24	1					
25		①				
26		①				
27		①				
28	1					
29						
30						
31		3				
32		①				
33		①				
34	1					
35		①				
36		①				
37		①				
38		①				
39		①				
40		①				
41		①				
42		①				
43	1					
44						
45	1					
46	1		1			
47				1		
48				1		
49				1		
50				1		
TOTAL IND.	9	↓		↓		↓
TOTAL DEP.	45	←		←		←
TOTAL CLAIMS	54					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52				1		
53				1		
54		1		1		
55				1		
56				1		
57				1		
58				1		
59				1		
60				1		
61				1		
62				1		
63				1		
64				1		
65		1		1		
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←	1	←
TOTAL CLAIMS					19	
TOTAL CLAIMS					20	